S. No. 2
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APR 22 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11452

Registration District No. 14 — Primary Registration District No. 5587 — Registrar's No. 93

1. PLACE OF DEATH:

(a) County: Johnson
(b) City or town: Jefferson Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 7 (Specify whether years, months or days)
In this community: All

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Johnson
(c) City or town: Rural (If outside city or town limits write "RURAL")
(d) Street No.: Jefferson Township (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Thomas Jefferson Clear

3. (b) If veteran, name war:
3. (c) Social Security No.: None

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: ✓
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: April (Month) 21 (Day) 1847 (Year)

8. AGE: Years: 92 Months: 10 Days: 16 If less than one day: hr. min.

9. Birthplace: Boone County Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:

MOTHER / FATHER
12. Name: Unknown
13. Birthplace: (City, town, or county) 9 (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Ray Clear
(b) Address: Knob Noster
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 10 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Adams Memorial Cem.
18. (a) Signature of funeral director: C. L. Sands
(b) Address: Knob Noster Mo.
19. (a) 3-10-40 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1940 hour 8 P.M. minute M.
21. I hereby certify that I attended the deceased from 2-23, 1940 to , 19 ; that I last saw him alive on 3-5, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	3 weeks
Due to: Chronic Myocarditis	?
Due to:	
Other conditions (Include pregnancy within 3 months of death): None	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: R. Heelcoper (M. D. or Coroner)
Address: Warrensburg Mo. Date signed:

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-27-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Dudley R. Saults, Registered Apprentice No. 249 working under my personal supervision.

Signed C. L. Saults

Licensed Embalmer No. 1086

P. O. Address Knob Noster

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.